



## The HIPAA Implementation Guidelines

Presented by  
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Benefit Enrollment and Maintenance Implementation Guide copyrighted  
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## Topics

- Versions and releases
- Guides Organization
  - Common Sections
  - Unique Sections & Subsections
- Reading the guides
- What's not in the guides
- Things to keep in mind
- Health Care Data Element Dictionary

## Versions

- Implementation Guides based on October 1997 ASC X12 standards
  - Version 4, Release 1, Sub-release 0 (004010)
- New release of HIPAA in June 2000
  - Annotations (corrections) in current HIPAA guides will be cleaned up
- Only TWO changes in June release of 837 Institutional Claim guide
  - Number of service lines increased from 50 to 999 for each claim
  - Reason for admission added
- **No other changes made**
- Get new guides from <http://www.wpc-edi.com>

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## Organization of Guides

- All guides have these sections
  - §1 Purpose and Business Overview
  - §2 Data Overview
    - Unique & specific to each guide
  - §3 Transaction Set
  - §4 EDI Transmission Examples for Different Scenarios
  - §A ASC X12 Nomenclature
  - §B EDI Control Directory
  - §C External Code Sources
    - Unique & specific to each guide
  - §D Change Summary
  - §E Data Element Name Index

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## Common Subsections

### §1 Purpose and Business Overview

- Document Purpose
- Version and Release
- Business Use and Definition
- Information Flows

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## Unique Subsections

### §1 Purpose and Business Overview

- 837 Claim
  - Property and Casualty
- 835 Claim Payment/Advice
  - Transaction Set Limitations
- 834 Benefit Enrollment and Maintenance
  - Transaction Set Size
- 276/277 Claim Status Request/Response
  - Batch and Real Time Definitions
- 278 Services Request
  - Industry Terms and Definitions

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## Common Subsections

### §2 Data Overview

- Overall Data Architecture
- Data Use by Business Use
  - Except 834 Benefit Enrollment

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## Unique Subsections

### §2 Data Overview

- 820 Group Premium Payment
  - Data/Transaction Set Usage List
- 276/277 Claim Status Request/Response
  - Interaction with Other Transaction Sets
- 834 Benefit Enrollment and Maintenance
  - Location of Product Identifiers
  - Date Terminology
  - Linking a Dependent to a Subscriber
  - Termination
  - Updates Versus Full Audits
  - Coverage Levels and Dependents

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## Unique Subsections §2 Data Overview: 837 Claim

- Loop Labeling and Use
- Loop ID-1000
- The Claim
- Interactions with Other Transactions
  - 277, 835, 997
- Limitations to the Size of a Claim/Encounter
- Use of Data Segments and Elements Marked “Situational”
- National Uniform Claim Committee
  - Professional claim only

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## Other Unique Subsections 837 Claim

- Institutional Claim
  - UB-92 Mapping
  - Credit/Debit Card Use
  - X12N Name Index
- Dental Claim
  - NSF Mapping
  - Credit/Debit Card Use
  - X12N Name Index

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## Other Unique Subsections 837 Claim

- Professional Claim
  - NSF Mapping
  - Credit/Debit Card Use
  - Medicare Primary, Secondary & Supplemental Payers
  - National Uniform Claim Committee Recommendations
  - X12N Professional Implementation Guide Alias Index
  - Loop 2440 Example (Form Identification)

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## Reading the Guides

- Standard and Implementation
- Segment Representation
- Usage Requirements
  - Situational, Required, Not Used
- Data Element Representation
- Code Lists & External Code Sources
- Control Segments

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# Presentation

- Transaction Set Listing
  - Implementation
  - Standard
- Segment Detail
  - Implementation
  - Standard
  - Diagram
  - Element Summary

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## Transaction Set Listing Standard

Includes Transaction  
Set Purpose & Scope.

Lists all segments

TSP10A0

# 834

## Benefit Enrollment and Maintenance

Functional Group 03 - BE

This chart standard for this table contains the format and validation rules contained in the Benefit Enrollment and Maintenance Functional Group report for the system. The control of all Enrollee Data Messages (EDM) requires review. This transaction set varies used to establish communication between the sponsor of the insurance product and the policy. Each enrollee also may register and take place through individual enrollment (TEP).

For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or program. A sponsor can be an employer, other government agency, association, or insurance agency.

The paper refers to an entity (policyholder, administrator, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Children's, etc.), or an entity that may be considered any one of these former groups.

For the purpose of this EDI transaction set, a third party administrator (TPA) service is intended to be a general-purpose, third-party clearing house that provides the control of the question does not affect or partition this function field.

**Table 1 - Header**

FILE #	TABLE NO.	NAME	DATA TYPE	MAX LEN	MIN LEN	CHECK VALUE
001	97	Transaction Set Header	M	1		
002	004	Beginning Segment	M	1		
003	003	Reference Identification	O	>1		
004	010	Date of Time or Period	O	>1		
005	047	Insurance Product	O	>1		
006	010	Insured Party	O	>1		
LOOP OF INFO						
007	01	Name	M	1		AL
008	001	Additional Name Information	M	1		
009	01	Address Information	O	1		
100	04	Geographic Location	O	2		
110	000	Administrative Communications Control	O	1		
TOUR OF INFO						
120	002	Current Identification	O	1		AL
130	003	Reference Identification	O	5		
140	04	Address Information	O	1		
150	04	Geographic Location	O	2		
160	000	Administrative Communications Control	O	1		
170	010	Date of Time or Period	O	>1		
180	047	Insurance Product	O	>1		

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## Transaction Set Listing Implementation

Add industry name to loops

Lists only required and situational use segments

IMPLEMENTATION						
<b>834 Benefit Enrollment and Maintenance</b>						
<b>Table 1 - Header</b>						
Page #	Pos #	Seg ID	Name	Usage	Repeat	Loop Repeat
27	010	ST	Transaction Set Header	R	1	
28	020	BGV	Birth Segment	R	1	
32	030	REF	Transaction Set Reference Number	S	1	
34	040	DTP	File Effective Date	S	>1	
LOOP IS - TR01A SPONSOR NAME						
36	070	N1	Sponsor Name	R	1	1
LOOP IS - TR01B PAYER						
37	070	N1	Payer	R	1	1
LOOP IS - TR01C TPABROKER NAME						
39	070	N1	TPABroker Name	S	1	2
LOOP IS - TR01D TPABROKER ACCOUNT INFORMATION						
41	120	ACT	TPABroker Account Information	S	1	1

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## Transaction Set Start Segment

IMPLEMENTATION

**TRANSACTION SET HEADER**  
Usage: **REQUIRED**  
Repeat: 1  
Example: ST#834#0001~

STANDARD

**ST** Transaction Set Header  
Level: Header  
Position: 010  
Loop:  
Requirement: **Mandatory**  
Max Use: 1  
Purpose: To indicate the start of a transaction set and to assign a control number

DIAGRAM

ST \*

ST01 143

TS ID Code

M ID 3/3

\*

ST02 309

TS Control Number

M AN 4/5

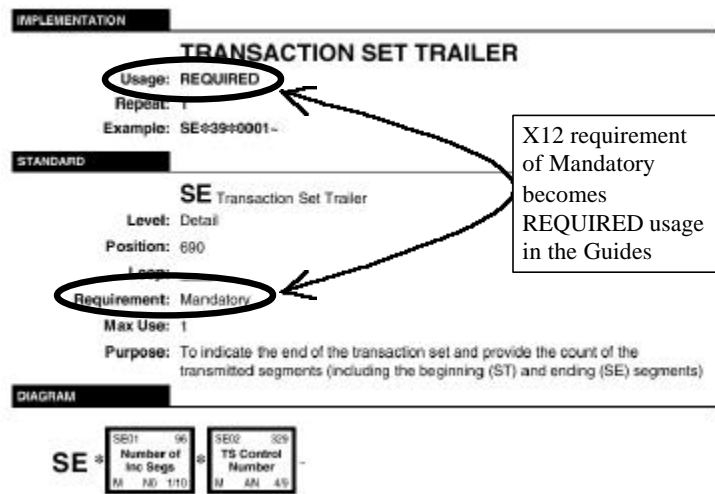
~

X12 requirement of Mandatory becomes REQUIRED usage in the Guides

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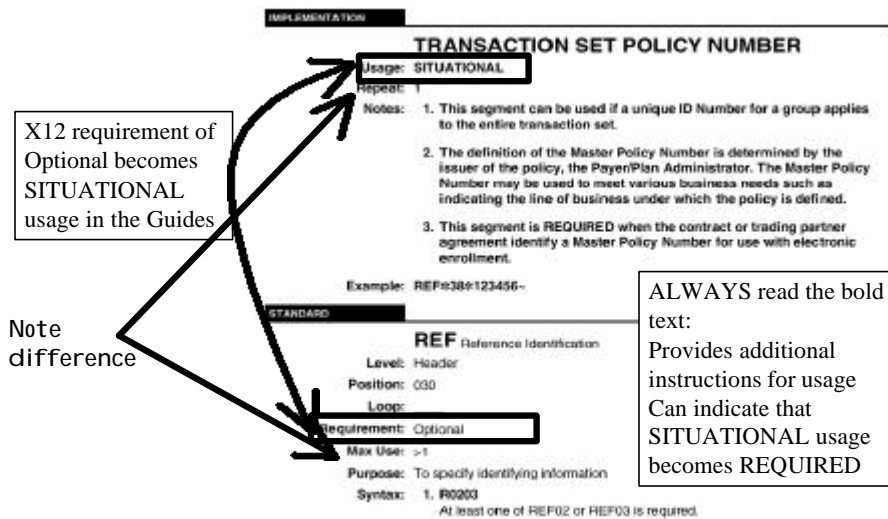
## Transaction Set End Segment



X12 requirement of Mandatory becomes **REQUIRED** usage in the Guides

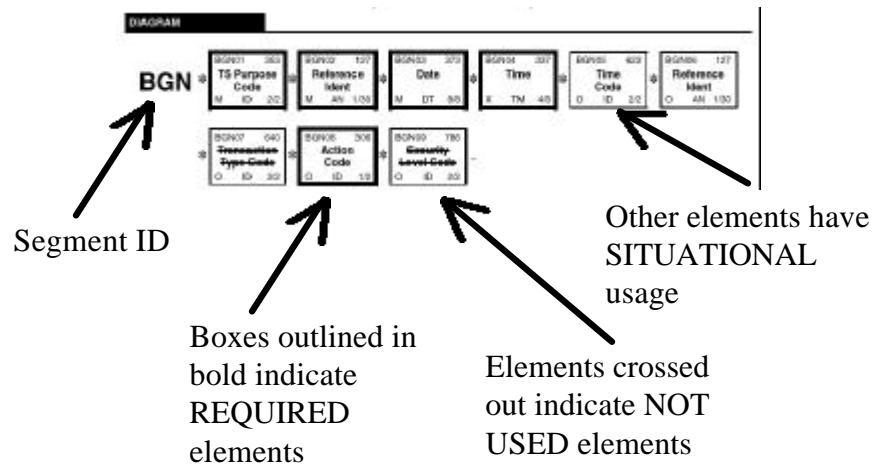
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## Segments



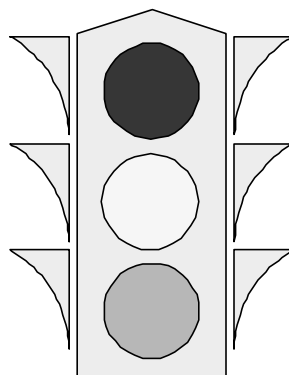
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## Segment Diagram (Sandboxes)



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## Situational vs Required The HIPAA Traffic Signal



**Not used. Do NOT use this element.**

**Situational. Read the BOLD print to determine in which situations the segment, element or code becomes either required or not used.**

**Required. You MUST use this element.**

**There are NO optional use segments, elements or codes in HIPAA!**

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## Element Summary

ELEMENT SUMMARY						
USAGE	CODE	DATA	TYPE	ATTN/NOTES		
REQUIRED	INS01	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response <i>ALIAS: Insured Indicator</i> <i>ALIAS: Subscriber Indicator</i> SEMANTIC: INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.	M	ID	1/1
			CODE	DEFINITION		
				No		
			Y	Yes		

Semantic notes provide the business meaning of generic data elements or codes

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## Element Summary Allowed Code List

REQUIRED	INS03	875	<b>Maintenance Type Code</b> Code identifying the specific type of item maintenance For further information about full file audits versus change only transactions see section 2.6 (Updates versus Full File Audits) of this guide.	O	ID	3/3
			CODE	DEFINITION		
			001	<b>Change</b> Use this code to indicate a change to an existing subscriber/dependent record.		
			021	<b>Addition</b> Use this code to add a subscriber or dependent.		
			024	<b>Cancellation or Termination</b> Use this code for cancellation, termination, or deletion of a subscriber or dependent.		
			025	<b>Reinstatement</b> Use this code for reinstatement of a cancelled subscriber/dependent record.		
			030	<b>Audit or Compare</b> Use this code when sending a full roster to verify that the sponsor and payer databases are synchronized. See section 2.6, Updates versus Full File Audits, for additional information		

Only codes allowed by the IG

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## Element Summary Situational Usage

SITUATIONAL	INS06	1218	Medicare Plan Code	Q	ID	1/1
Code identifying the Medicare Plan						
This element is <b>REQUIRED</b> if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or has terminated or changed their Medicare enrollment.						
CODE	DEFINITION					
A	Medicare Part A					
B	Medicare Part B					
C	Medicare Part A and B					
D	Medicare					
E	Medicare - Part Unknown					
F	No Medicare					

Pay close attention to bold text. Could change SITUATIONAL usage to **REQUIRED**.

## Element Summary Formatting Characters in Data

IMPLEMENTATION
<p><b>MEMBER COMMUNICATIONS NUMBERS</b></p> <p>Loop: 2100A — MEMBER NAME</p> <p>Usage: SITUATIONAL</p> <p>Repeat: 1</p> <p>Notes:</p> <ol style="list-style-type: none"> <li>1. This segment is used when contact information is provided to the sponsor about the member. The contact information should be sent to the payer when enrolling subscribers, when enrolling dependents and the dependent's contact number is different than the subscriber's contact, and when changing a member's contact information.</li> <li>2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.</li> <li>3. By definition of the standard, if PER03 is used, PER04 is required.</li> </ol>

Some notes give instructions about how to format data, e.g., eliminate hyphens in phone numbers.

## Elements Syntax Notes

Syntax notes are the rules for relationships between data elements, e.g., paired, conditional

STANDARD	
<b>NM1</b>	Individual or Organizational Name
Level:	Detail
Position:	030
Loop:	2100 Repeat: >1
Requirement:	Optional
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax:	1. P0609 If either NM108 or NM109 is present, then the other is required. 2. C1110 If NM111 is present, then NM110 is required.

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## Code Lists & External Code Sources

<b>SITUATIONAL</b>	<b>N404</b>	<b>26</b>	<b>Country Code</b>	<b>O</b>	<b>ID</b>	<b>2/3</b>
			Code identifying the country			
			Code source 5: Countries, Currencies and Funds			
			Required only if country is not USA.			

### 5 Countries, Currencies and Funds

#### SIMPLE DATA ELEMENT/CODE REFERENCES

235/CH, 26, 100

#### SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)

Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

#### AVAILABLE FROM

American National Standards Institute  
11 West 42nd Street, 13th Floor  
New York, NY 10036

#### ABSTRACT

.....

References X12 Data Element Number and specific Code where Code Source is used

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## Code Lists & External Code Sources

SITUATIONAL	05067	235	Product/Service ID Qualifier	X	ID	2/2
Data identifying the type/service of the discipline number sent in Product/Service ID (234)						
Source: Product or Service ID Qualifier						
Source: P0706						
Send when required by X12 syntax.						
CODE		DEFINITION				
DX	International Classification of Diseases Clinical Modification (ICD-9-CM) - Diagnosis					
	ICD-9-CM 10-1 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					

### 131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

#### SIMPLE DATA ELEMENT/CODE REFERENCES

235/ID, 235/DX, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BO, 1270/BR,

1270/SD, 1270/TD, 1270/DD, 128/ICD

#### SOURCE

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

#### AVAILABLE FROM

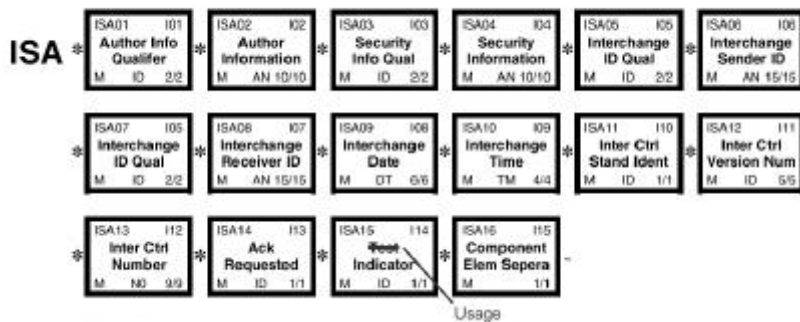
U.S. National Center for Health Statistics  
Commission of Professional and Hospital Activities  
1968 Green Road  
Ann Arbor, MI 48105

References X12 Data Element Number and specific Code where Code Source is used

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## ISA Interchange Control Header

### DIAGRAM



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## ISA Interchange Control Header Element Detail

USAGE	REF.	DATA	NAME	ATTIBUTES
REQUIRED	ISA01	I01	Authorization Information Qualifier	M ID 2/2
Code to identify the type of information in the Authorization Information				
		CODE	DEFINITION	
		00	No Authorization Information Present (No Meaningful Information in I02) ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION	
		03	Additional Data Identification	
REQUIRED	ISA03	I03	Security Information Qualifier	M ID 2/2
Code to identify the type of information in the Security Information				
		CODE	DEFINITION	
		00	No Security Information Present (No Meaningful Information in I04) ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.	
		01	Password	
REQUIRED	ISA04	I04	Security Information	M AN 10/10
This is used for identifying the security information about the interchange sender or the data in the interchanges; the type of information is set by the Security Information Qualifier (I03)				

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## ISA Interchange Control Header Element Detail

USAGE	REF.	DATA	NAME	ATTIBUTES
REQUIRED	ISA05	I05	Interchange ID Qualifier	M ID 2/2
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified				
This ID qualifies the Sender in ISA06.				
		CODE	DEFINITION	
		01	Duns (Dun & Bradstreet)	
		14	Duns Plus Suffix	
		20	Health Industry Number (HIN) code source 121: Health Industry Identification Number	
		27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	
		28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	
		29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	
		30	U.S. Federal Tax Identification Number	
		33	National Association of Insurance Commissioners Company Code (NAIC)	
		ZZ	Mutually Defined	

All codes in the  
standard are  
NOT in the  
guides

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## ISA Interchange Control Header Element Detail

REQUIRED	ISA14	I13	<b>Acknowledgment Requested</b>	M	ID	1/1						
Code sent by the sender to request an interchange acknowledgment (TA1)												
See Section A.1.5.1 for interchange acknowledgment information.												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>0</td><td>No Acknowledgment Requested</td></tr><tr><td>1</td><td>Interchange Acknowledgment Requested</td></tr></table>							CODE	DEFINITION	0	No Acknowledgment Requested	1	Interchange Acknowledgment Requested
CODE	DEFINITION											
0	No Acknowledgment Requested											
1	Interchange Acknowledgment Requested											
REQUIRED	ISA15	I14	<b>Usage Indicator</b>	M	ID	1/1						
Code to indicate whether data enclosed by this interchange envelope is test, production or information												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>P</td><td>Production Data</td></tr><tr><td>T</td><td>Test Data</td></tr></table>							CODE	DEFINITION	P	Production Data	T	Test Data
CODE	DEFINITION											
P	Production Data											
T	Test Data											

Refers to TA1  
not the 997

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## ISE Interchange Control End

<b>IMPLEMENTATION</b>						
<b>INTERCHANGE CONTROL TRAILER</b>						
Example: IEA*1#000000905-						
<b>STANDARD</b>						
<b>IEA</b> Interchange Control Trailer						
<b>Purpose:</b> To define the end of an interchange of zero or more functional groups and interchange-related control segments						
<b>DIAGRAM</b>						
<b>ELEMENT SUMMARY</b>						
REQUIRED	IEA01	I16	<b>Number of Included Functional Groups</b>	M	N0	1/5
A count of the number of functional groups included in an interchange						
REQUIRED	IEA02	I12	<b>Interchange Control Number</b>	M	N0	9/9
A control number assigned by the interchange sender						

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## GS Functional Group Header Element Detail

### IMPLEMENTATION

#### FUNCTIONAL GROUP HEADER

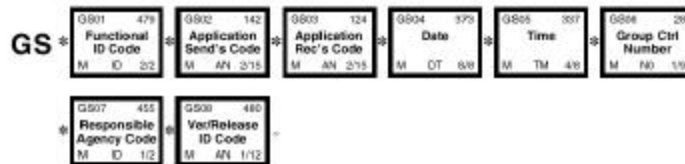
Example: GS\*BE\*SENDER CODE\*RECEIVER CODE\*  
19940331\*0802\*1\*X\*004010X095-

### STANDARD

#### GS Functional Group Header

Purpose: To indicate the beginning of a functional group and to provide control information

### DIAGRAM



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## GS Functional Group Header Element Detail

REQUIRED	GS08	480	Version / Release / Industry Identifier Code	M	AN	1/12
			Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed			
			CODE	DEFINITION		
			004010X095	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in the Benefit Enrollment and Maintenance Implementation Guide approved for publication by ASC X12N, May 1999.		

Note: code used will be specific to each Implementation Guide

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## GE Functional Group End

### IMPLEMENTATION

### FUNCTIONAL GROUP TRAILER

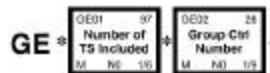
Example: GE#1#1-

### STANDARD

### GE Functional Group Trailer

**Purpose:** To indicate the end of a functional group and to provide control information

### DIAGRAM



### ELEMENT SUMMARY

USAGE	REF	DATA ELEMENT	NAME	ACTIVITIES		
REQUIRED	GE01	97	Number of Transaction Sets Included Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element.	M	NO	1/5
REQUIRED	GE02	28	Group Control Number Assigned number originated and maintained by the sender. <b>NOTE:</b> The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GE06.	M	NO	1/9

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## What's Not in the Guides

- Business processes
  - Internal, external
- How to establish trading partner relationships
- Trading partner agreements
  - How to set up
  - Content
- ISA/GS Sender/Receiver Id's
- Acknowledgment requirements
  - 997 vs TA1
- Communications modes & protocols
- Security technologies employed

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## What's Not in the Guides

- For data content not represented in

- ASC X12 Standards
- HIPAA Implementation Guides
- Health Level 7
- NCPDP

the National Uniform Claim Committee (NUCC), the National Uniform Billing Committee, (NUBC), and the American Dental Association (ADA) have signed a MOU that outlines a single process for requesting changes

- Process is both paper and web based

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## Health Care Data Element Dictionary

- Provides
  - An *alphabetic listing* of health care industry assigned element name
    - Industry assigned element names can be different than the X12 Standard data element names
  - An *industry definition* of the element
  - A *cross reference* to where the element is used
    - Transaction set, loop, segment/element position, page # in IG
  - A cross reference *from* the industry assigned element name *to the X12 data element number*
- Does *not* provide a cross reference *from the X12* data element name/number to the industry assigned element name

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## HIPAA Health Care Data Element Dictionary: Key

<b>Name</b>	_____	<b><i>Payment Date</i></b>
<b>Definition</b>	_____	Date of payment
<b>Transaction Set ID</b>	_____	<b>277</b>
<b>Locator Key</b>	_____	D   2200D   SPA12   C001-2   373 ..... 156
<b>H=Header, D=Detail, S=Summary</b>	_____	
<b>Loop ID</b>	_____	
<b>Segment ID/Reference Designator</b>	_____	
<b>Composite ID-Sequence</b>	_____	
<b>Data Element Number</b>	_____	
<b>Page Number in the Appropriate Implementation Guide</b>	_____	

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## HIPAA Health Care Data Element Dictionary: Example Entries

Normal type indicates the generic  
ASC X12 name used as an  
industry name in the HIPAA IGs.

### Citizenship Status Code

Code indicating citizenship status

**834**

D | 2100A | DMG06 | - | 1066 ..... 72

Some data elements have an "ALIAS:  
Alias name is included in each specific  
guide at the segment/data element. Alias  
name is in italic type. Alias name is NOT  
in the Data Element Dictionary.

Italic type indicates a health  
care industry defined name

### *Contract Amount*

Fixed monetary amount pertaining to the contract

**834**

D | 2100A | AMT02 | - | 782 ..... 75

D | 2300 | AMT02 | - | 782 ..... 132

### **837 - Institutional**

D | 2300 | CN102 | - | 782 ..... 165

### **837 - Professional**

D | 2300 | CN102 | - | 782 ..... 219

D | 2400 | CN102 | - | 782 ..... 468

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# Thanks!

# Questions

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